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"NEC TENUI PENNA."

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

CONCERNING OLEOMARGARINE.

The oleomargarine people seem to be driving a lively trade. In spite of legislative enactments against them in some of the states and municipal restraints in several of the cities, they continue to roll out their product by the ton. The growl of the granger, which for a while frightened even so vast an interest as that of the railways, does not seem to ruffle them in the slightest. They ask nothing better, they say, than for the skeptic and scoffer to view, to smell, and to taste their wares. The most astonishing results, it is said, have been produced thereby. At a Baltimore factory an irate agricultural congressman, coming ready to pronounce such traffic unconstitutional, declared that when he got home he would kill his cows and chop up his churns. The oleomargarine, to be sure, which was used in this experiment was flanked with *Cliquot* and set about with patties of the *foie gras*. Whether it was the fat of the liver or the oil of the margarine which flew to the legislator's head and made him upset his record in such an unseemly manner does not appear.

All sorts of tales are told about the compound. It is said that, like angels and Nihilists, we may and do entertain it unaware. Our grocer is in league with it; our dairyman, with the dews and damps of meadows about him, and who brings bunches of spring violets for madame and rosy-posies for the children, has been caught in its

wiles; the astuteness of cook, upon which we have been so wont to rely in times of danger, has been beaten; and when we have said our grace for the supposed Alderney before us, we fall to and champ upon post-mortem grease.

All this and much more does the public press aver; and they who know what a sturdy champion it be for the right and proper in trade and morals will not dare declare that by reason of any lubrication does it speak so smoothly.

Be it as it may, the case between oleomargarine and the butter of our mothers is most powerfully argued in favor of the new comer. Not only would it be proved that it is equal to but that it is better than butter. We can not say that we have any special count to make against it from a medical point of view. We are not prepared to declare that its ingestion interferes with health. It is certainly better than the unpressed fat of our arctic and the rancid oils of our tropical brethren. Without any special knowledge of it, too, we might safely declare that with the more respectable brands of axle-grease it could outrank many boarding-house unguents upon which much of our population thrives. What opinions we hold upon the subject, in fact, are chiefly of an emotional kind. We have, with thousands of others, a prejudice in favor of the old constitutional butter, and above all things we do n't like to be fooled; and while we have not the slightest objection to any one smearing his bread with whatever he may choose to spread thereon, we trust that the law will for some time yet protect people from swallowing that which knowingly they would

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not like to swallow. We may in our day, not having been averse to sausage and hash, have received into our economy material such as with proper instruction we might not have cared to add thereto; but it is a comfortable thought that the laws of the Anglo-Saxon have done their best to allow him to take his choice therein; and that when hog and dog and cat are thrown upon the market in such division that their anatomy can not be plainly made out, their place in nature shall still be published by proper label. Likewise let the oleomargarine of our cities go from factory to mouth as oleomargarine, and not let it be passed off for its country cousin. Make it slander if you choose to call it bull-butter, but make it felony to say that it is Alderney.

More would we say, that we believe the advocates of the oleomargarine have been extravagant in their praise. It is possible that it is the cleanly compound they claim it to be; but the temptations of trade are something, the amount of grease required by the new interest is great, and chemistry is quite powerful. The affair certainly looks like butter—the dye is perfect. It smells like butter, and ought to smell like butter, for it is churned with a certain quantity of milk for this purpose. That its taste is exactly like that of butter we are not prepared to say. Probably it was our prejudice that was working; but certainly the golden compound with which we were experimenting revived strange memories concerning the pomatum of more esthetic days. Still we were apparently not wholly alone in opinion of this sort, for a curious experiment upon quite a large scale was made in this vicinity with the oleomargarine, and the event proved that in this instance at least it was not what its advocates declared it to be—a whole and proper substitute for butter. It was placed without remarks upon the table of the Institute for the Blind near this city. It was taken at first by the inmates in the ordinary quantities; gradually less and less was asked for, until finally the blind people ceased altogether to eat it. There was no

complaint about its being bad—only it did not supply the want which nature or education had created.

There is or was a few weeks since an advertisement in the daily prints of this city for "parties having pure and fresh milk" to dispose of to call at a certain "dairy." The "dairy" in question is the oleomargarine manufactory of this section. If there is any thing which is indigenous all over Kentucky besides good whisky, good beef, and pretty women, it is good milk. Even the non-curious medical student of these parts will demand that in his provend. If any one in Newcastle having need of a few scuttlefuls were to advertise at length for parties having good coal to dispose of; if any one in Havana who was known to take an occasional whiff were to put up a poster inquiring for those in possession of Intimidads; if a fellow in Massachusetts should publicly announce a desire to come in contact with beans—to the averagely suspicious mind would it not seem that there was guile about? That's all. Let oleomargarine call for its grease and fat and dye-stuffs. If it is n't flavored lard or hair-oil, it is n't the creamiest of the cream, and it never will be genuine until it stands on its own bottom.

MANY of our readers are no doubt acquainted with the Newcomb-Buchanan Company. The largest distillers of straight whiskies, not only in the state, but in the Union, they have been peculiarly prominent in the commerce of Kentucky, as the foremost representatives of one of its most important industries. As the producers of the purest of "Bourbon," a host of doctors and an army of sick have been greatly indebted to them.

A fortunate episode in the history of the firm has just occurred. Two years ago, as the result of the general financial depression which swept thousands into bankruptcy, it was forced to ask an extension from its creditors. The announcement was of such importance as to be mentioned next day in the

national legislature, and it had much to do with the alteration of the liquor laws of the country. The liabilities of the company were given at a million and a half of dollars. The assets, stock which had reached beyond that amount but to which a depreciation, the bottom of which no one could foretell, gave but a nominal value. The representatives of the firm, George Buchanan and his brother Andrew, pledged as additional security their private fortunes, and agreed to discharge the indebtedness with seven per cent interest added in two years' time. Last week the last note was paid and the last mortgage released. Indeed, if we may use the native simile, they came down the homestretch in a canter. Not only was the debt distanced, but the handsome purse of a fortune besides was taken down as they passed the line.

Such a note as this may bear little upon therapy, but the record of firm purpose and unswerving integrity may fit any where, and when prosperity has fallen again on school-mates and life-long friends who had ever used it for the kindest and best of purposes, not even the staid medical journalist can repress a cheer.

THE Kentucky State Medical Society will meet in Lexington, Wednesday, May 19th.

Original.

A CLINICAL LECTURE ON AMENORRHEA AND DYSMENORRHEA.

Delivered at the Hospital of the University of Pennsylvania.

BY WILLIAM GOODELL, M. D.

[Special Report.]

AMENORRHEA FROM TORPIDITY OF OVARIES.

This woman has not seen her menses for the past four months. She has one child and has had one miscarriage. This child was born about eight months ago, after a very difficult instrumental labor. The woman got out of bed in the course of a few days and went about her household work as usual.

She has been in the habit of working with bare feet, did so, in fact, just after her last child was born. She tells me, too, that she has been imprudent in other ways. She has a great deal of leucorrhœa which is greatly increased in amount just about the time her menses should appear. This seems to be the only kind of compensatory vicarious hemorrhage to which she is subject. She has never vomited or spit up any blood, has no piles, and has never been troubled with epistaxis. There has never, so far as she knows, been any blood in her stools. In weight she has gained enormously since she first had this trouble. She thinks she is fully one hundred pounds heavier now. There is a truly enormous deposit of adipose tissue all over her body. If I were alone with the woman I should question her closely with regard to her sexual appetite, and I should most probably find that she had but very little sexual desire.

Acting on the belief that the case is one of amenorrhea from torpidity of the ovaries, I shall order the following prescription for the patient and ask her to return and report progress in the course of a week or so:

R Ex. aloës..... 3j;
Ferri sulph. exsic..... 3ij;
Asafet..... 5iv.

M. et in pil. No. c. div.

Sig. One pill after each meal. This number to be gradually increased to two and then to three pills after each meal.

If the bowels are at any time overaffected the patient must stop and begin again with one pill after each meal.

AMENORRHEA FROM ARRESTED DEVELOPMENT.

This child is fourteen years of age, and comes to us complaining of arrest of her menses. Until she was thirteen and a half years old she lived among the mountains in the interior of the state. While there she was always regular and her general health was excellent. About a year ago she came to Philadelphia and was put to hard work. No sooner was this change made in her habits and mode of life than she began to break down. She feels and looks very miserable. The skin under her eyes is quite black, owing to impaired oxidation of carbon. She is anemic and chlorotic. It is very easy to see what has brought on this suppression. She has been breathing impure air, has been overworked, and is getting no sunshine.

What treatment shall I recommend? She must go to bed early, eat wholesome food, and get as much fresh air and sunlight as

possible. The best remedy would be for her to go back to her home among the mountains for a month or so, but she says this would be impossible.

In cases such as this one I have had the very best results from the constant use of Blot's pill, as recommended by Niemeyer:

R Pulv. ferri sulph..... } aa 3 ij;
 Potas. carb. puræ..... }
 Muc. tragacanth..... q. s.

M. et in pil. No. xlviii div.

Sig. To be given daily in increasing doses until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation I use this formula:

R Pulv. glycyrrh. rad..... } aa 3 ss;
 Pulv. sennæ..... }
 Sulphur. sublim..... } aa 3 ij;
 Pulv. feniculi..... }
 Sacchar. purif..... 3 jss. M.

Sig. One teaspoonful in half a cup of water at bedtime.

In cases such as this, where the suppression is due to change of habit and loss of health, tonics are indicated. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, our treatment would be different. We should then place the patient in a mustard hip-bath, administer Dover's powder, put her to bed, and give her hot drinks to provoke copious diuresis and diaphoresis. Chronic uterine trouble is likely to supervene if we do not act promptly in such cases.

DYSMENORRHEA.

CASE I.—M. F., aged twenty-seven (col'd), unmarried. Has never had any children. The dysmenorrhea at her monthlies has been very severe and has always confined her to bed at those periods. She tells us that she also suffers from great tenesmus at times. When just twenty years of age our patient injured herself by lifting a heavy weight, and so produced a retroflexion of the womb. This condition, together with an already abnormally narrow cervical canal, has been the cause of all the trouble.

Before going any further, however, I will first make a careful examination. There may be a fibroid tumor of the womb, for this is a very usual occurrence in young colored women. I find that the womb is very much out of its place, but I am sure that there is no tumor. I will introduce a speculum, and

I find that the external os uteri is very small. It is what is usually known as a pin-hole os. I dilated it last week, but it seems that I did not dilate it sufficiently. In cases of this nature, where the os is so small, you will generally find it necessary to seize and hold it down with a pair of uterine tenacula, and be sure that you purchase a stout pair.

I introduce the sound, but experience great difficulty in coaxing it through the internal os uteri. The measurement which I get shows the womb to be about two and a half inches in length. No matter how much bent the cervical canal may be, you can usually introduce the sound after two dilations. I am going to dilate the cervix again to-day. It is so difficult to insert the dilator that I am going to use this curved probe as a guide. In passing a dilator into the cervix of a retroflexed womb always pass it with the curve downward. Pass it in up to the fundus of the womb, and then withdraw it half an inch before dilating. When the cervix has been dilated to the desired extent do not attempt to pull the dilator out without closing it, for you may seriously lacerate the external os in so doing. Stop the administration of ether when you have introduced the dilator, and leave the instrument in the canal until the woman begins to show some uneasiness; this serves the double purpose of bringing the patient more rapidly out of the influence of the ether and also makes the operation more permanent and satisfactory.

Some very excellent authorities advise incising in these cases, but I think that this practice is open to serious objections. There may be copious hemorrhage, and there very often is a resulting permanent deformity of the cervix. There is always a little bleeding, indeed, after the dilator has been removed, but never any serious hemorrhage.

CASE II.—Some time since a new plan of treating dysmenorrhea was very highly recommended to me. It consisted in taking pieces of slippery-elm bark, whittling them to the size of matches, tying a string to each of them and packing the cervical canal with them. It struck me at the time as a very promising method, and I made up my mind to give it a trial in the first case of dysmenorrhea that occurred in my hospital practice. That case happened to be the one that I now bring before you. I put the slips in three times; after removing them the third time the woman had a severe attack of acute peritonitis.

I have had the woman brought into the

amphitheater this morning, and shall insert my finger in her vagina and move the womb about gently, to see if any pain or plastic adhesions remain. Since the attack of peritonitis she has experienced a great deal of pain in passing her water. There has also been a considerable amount of leucorrhea. I intend to pass a sound very gently. It stops at the internal os. There is not much tenderness at the external os and it is quite roomy, so that the slippery-elm did some good after all.

What is the best treatment under the circumstances? I will tell this woman to put a dram of chlorate of potassium in a pint of water when she goes home, and to syringe her vagina out well with this solution. She had better use a fountain reservoir for this purpose. The water should be of such a temperature that she can just put her elbow in it. The reservoir should be put on the mantle-piece and the water conveyed into the vagina through a piece of rubber tubing. The patient must pursue this treatment steadily for a month's time, and then return and report progress. When the woman comes back again at the end of the month I shall make an application of carbolic acid to the fundus of the uterus. I shall then introduce an Elliot's repositor, and turn the handle of the instrument. The womb will thus be carried in the same plane into a position of retroflexion. When you use an Elliot's repositor you must work very slowly or you will cause the patient a great deal of needless pain. Do not introduce this instrument oftener than once every four days, or every week. If you persevere patiently you will generally succeed in completely reducing the displacement.

NEW DRESSING FOR SUPERFICIAL INCISED WOUNDS.

BY GEORGE COWAN, M.D.

During last summer I accidentally saw an extract from a foreign medical journal describing a new dressing for wounds. The inventor's name has escaped my memory, and I can not now find the extract. I can not therefore give credit to whom credit is due; and as I have been using it with decided advantage, and have seen no mention of it elsewhere, I think that a description of the dressing and my own experience with it may prove worth something to the readers of your journal.

The principle involved in the dressing is

a very simple one—a single ligature acting as a lace, and finding fastenings not in the quivering flesh but in plaster on each side of the wound, in which it can readily glide, *laces* the lips of the wound into firm and nice apposition, as the sides of a shoe or corset are laced together. The plaster is prepared for the dressing by being cut into two pieces of sufficient width and length, and are accurately and firmly attached on each side of the wound close to its edges. The edges of plaster adjacent to the wound have previously been furnished with a row of metallic buttons or studs about one fourth of an inch apart, and securely fastened to the plaster so as to stand up and allow the lace to be attached in a groove which encircles each stud. If the plasters thus prepared have been put in position so that the little studs upon each side are opposed by the spaces intervening between the studs, the lace can be started at one end of the wound and tied at the other, and tightened or loosened at pleasure.

In the same extract was the suggestion that the hooks such as are used on ladies' dresses would answer where the studs could not be had. These I used and found to answer a very good purpose. They should be set back on the plaster far enough to prevent abrasion or chafing of the skin by them.

The cases in which I tried this dressing were such as would test it thoroughly, and brought out some new features, which are commended as worthy of attention. The two cases in which they were tried were open granulating wounds, in which the lips were widely separated, and where it would be especially desirable to secure union with the smallest possible cicatrices.

The first one was used in a case where I had performed a tracheotomy operation for the purpose of closing up the wound after the removal of the tube. The second case was a neglected, broad, granulating wound upon the back of the thumb, caused by a large semilunar cut, the convex flap being retracted an inch from the opposite edge. In both cases I was enabled to adjust this dressing from day to day, so as to model and shape the process of granulation and greatly to abridge the spaces to be filled up, thereby hastening the process and greatly reducing the size of the cicatrix. All I had to do was simply to unite and tighten the lace, gaining a little each time, until the edges of the wound in each instance were brought together.

In the tracheotomy wound the rings of

the trachea and the thick collar of organized lymph which had encircled the tube, not to mention the peculiar difficulty of applying any suitable compress in this region, rendered it very difficult to bring the granulating surfaces together; yet in this instance I succeeded in doing it and in greatly reducing the area of cicatricial tissue.

In the case of the hand I succeeded in bringing the edges of the wound within an eighth of an inch; and only for the disobedience of the patient in the removal of the dressings and the abandonment of the treatment, I am confident that I could have secured a still smaller cicatrix.

DANVILLE, KY.

THE BROMIDE OF ETHYL.

BY LUNSFORD P. YANDELL, M. D.

Professor of Clinical Medicine and Diseases of Children, and Dermatology, University of Louisville.

This new anesthetic has for some time occupied an extraordinary space in the American medical journals. This is due to the eminence of the gentlemen who introduced it—Drs. Levis and Turnbull, of Philadelphia—and to the enterprise and high standing of its Philadelphia manufacturers, Messrs. Wyeth & Bros., to whom I am indebted for the specimen used.

Having occasion a short time since to take an anesthetic during a dental operation, I chose the bromide of ethyl, because it is the latest and one in which I had not had personal experience. Having Dr. Geo. W. Ryan present in case of accident, Dr. Noel, an accomplished dentist, being ready with his instruments, I proceeded to take the anesthetic.

Unwisely I determined to note its effects compared with those of nitrous oxide gas, chloroform, and sulphuric ether, all of which I have frequently taken. In consequence my mind remained very active. I went into the anesthetic state slowly, and the talking in the house and the noises in the street originated many delusions. At one time I fancied myself speaking upon a life-and-death matter through the telephone with Dr. Coleman Rogers; then Dr. Cowling, I imagined, was discussing with me important matters of the LOUISVILLE MEDICAL NEWS; then Dr. David Yandell seemed present, and I thought was inclined to do some surgery upon me. At last I lost consciousness, and Dr. Noel removed two molars. The first I was aware was being ex-

tracted, but felt no pain; the second, being inflamed about the roots, gave pain. I returned quickly to perfect consciousness. I was confined to my bed at the time by sickness, and had taken a quantity of opium for severe neuralgia, and had considerable nausea and vomiting after the operation, but much less than I have had after chloroform or ether, and none of the headache that I always experienced after these. The vomiting was quite as chargeable to the opium as to the anesthetic. Dr. Noel has kindly furnished the appended reports, which will be read with interest.

In the Medical Record of April 3d Dr. Marion Sims reports a case of death attributable he thinks to the bromide of ethyl. He gave it for an hour and a half while performing Battey's operation on a young woman in very bad condition. She died twenty-one hours after the spaying, and nephritic disease was discovered in the post-mortem examination. Dr. Sims thus concludes his article:

The inference that I draw from the facts in the history of this case is that the anesthetic was the cause of death, while the manner of death may have been by uremic poisoning. The lesson from this is, never to give bromide of ethyl in prolonged operations, and never to give it where there is organic disease of the kidneys. What, then, shall we give?

Drs. Levis and Turnbull have not anesthetized their patients for longer than forty minutes. Whether the bromide of ethyl is better than chloroform or ether for prolonged operations is an undetermined question. All anesthetics are dangerous, but for brief operations I believe it is likely to become popular. In odor it is infinitely less disagreeable than ether, much less so than chloroform, and produces anesthesia more rapidly than either of these though less rapidly than the nitrous oxide.

My attention was called a few weeks since to this agent as especially adapted to dental operations, by Prof. L. P. Yandell, who was himself the first patient for whom I extracted a tooth under its influence. Subsequently I have used it in three other cases, of which I append a brief account:

CASE I. Mr. B., aged forty, of light build and anemic habit, called accompanied by his surgeon to have two aching teeth extracted. The agent was inhaled from a sponge pressed lightly into the apex of a cone of sized paper. Only a few inhalations were required and the teeth were removed without pain.

CASE II. As soon as the chair was vacated

by this patient a boy, aged fifteen, of plethoric habit, who with swollen face was waiting to have a sixth-year molar removed, was in like manner anesthetized and relieved of his tooth.

CASE III. My third case was a little Hebrew boy, aged fourteen, who had been so unfortunate as to have the crown of an aching sixth-year molar broken off in an attempt at extraction, leaving the pulp exposed and highly inflamed. It was one of those painful cases imperatively demanding an anesthetic. The boy was quickly brought under the drug; the gum was laid away from the alveolus in two flaps, external and internal; the beak of an alveolar forcep carried well down upon the process; and ripping through, the roots were removed.

The most notable feature in these operations was the quickness with which these patients succumbed to the drug, the speed with which they rallied, and the entire freedom from headache and nausea in every case.

LOUISVILLE. L. G. NOEL, M.D., D.D.S.

Books and Pamphlets.

HEADACHES; THEIR NATURE, CAUSES, AND TREATMENT. By William Henry Day, M.D., M.R.C.P., Physician to the Samaritan Hospital for Women and Children, London. Third edition, with illustrations. Philadelphia: Lindsay & Blakiston. 1880. For sale by John P. Morton & Co., 156 W. Main St., Louisville. Price, \$2.

SKIN-DISEASES; INCLUDING THEIR DEFINITION, SYMPTOMS, DIAGNOSIS, PROGNOSIS, MORBID ANATOMY, AND TREATMENT. A Manual for Students and Practitioners. By Malcolm Morris, Lecturer on Dermatology at St. Mary's Hospital Medical School, London. Philadelphia: Henry C. Lea, publisher. For sale by Bradley & Gilbert, Third and Green streets, Louisville.

THE HAIR; ITS GROWTH, CARE, DISEASES, AND TREATMENT. By C. Henri Leonard, M.A., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology in Michigan College of Medicine, etc. Illustrated by one hundred and sixteen engravings. Detroit: C. Henri Leonard, medical-book publisher. 1880. For sale by John P. Morton & Co., 156 W. Main Street, Louisville.

NOTES OF HOSPITAL PRACTICE. Part I: Philadelphia Hospitals. 8vo., pp. 140. By Samuel Miller, M.D., medical publisher, 120 South Seventeenth St., Philadelphia.

We call special attention to this work, which has on several occasions been advertised in this journal. Dr. Miller has done an excellent service in his reports of the Philadelphia clinic. His book contains the best of his work and will well repay perusal.

SIXTH ANNUAL REPORT OF THE SUPERINTENDENT OF THE CINCINNATI SANITARIUM for the year ending November 30, 1879.

AMERICAN HEALTH PRIMERS: BRAIN-WORK AND OVERWORK. By Dr. H. C. Wood. Philadelphia: Presley Blakiston, 1012 Walnut St., publisher. For sale by John P. Morton & Co., 156 W. Main St., Louisville. Price, fifty cents.

THE ESSENTIALS OF ANATOMY. Designed as a Text-book for Students and as a book of easy reference for the Practitioner. By William Darling, M.D., F.R.C.S., Professor of Anatomy in the Medical Department of the New York University, and Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy in the Medical Department of the New York University. New York: G. P. Putnam's Sons, 182 Fifth Avenue. 1880. For sale by John P. Morton & Co., 156 W. Main St., Louisville.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

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Miscellany.

THE HEALTH-"CURE" FOR ADVERSITY.—The adversity which so often attends the fortunes of successive members of a family, seeming to defy the most resolute efforts to deserve as well as to achieve success, is not uncommonly an unrecognized, because veiled, consequence of ill health (*Lancet*). We call it "ill luck," "fatality," "bad fortune," and sometimes it seems to cling to a house like "a curse." A curse it is—of the sort that carries down the consequences of sin and failure on the part of one generation to another. A "habit" of failing is formed in some families, and the bane is transmitted as surely as the traits of family likeness of body or mind. The mind is, as we know, the expression or formulated outcome of an energy which not only—in a sense—springs but takes its shape from the physical organism. So far from its being strange that failure or success should "run in families," it would be inexplicable and

contrary to every natural law and precedent if it did not do so. The force of character, strength of will, clearness of mental vision, and qualities of vigor, patience, and perseverance which constitute the *secrets* of success in life, are the several properties of the physical organism, compounded as it is of body and mind. It follows that the remedy for adversity must be essentially a health-*cure*. It may not be practicable to eradicate the physical causes of failure in a single generation, but by training and treatment much may nearly always be achieved. Public opinion is beginning to recognize the principle of "improvement" as applied to the criminal classes and to the race of paupers. Further enlightenment will enable the community to perceive that the same principle governs development in every grade of the population. Instead of plaintive lamentations upon the score of ill luck, the unsuccessful in life should set to work to discover the physical cause of failure. It may be lack of energy, torpidity of the mental system, deficiency of nerve and brain force, or perhaps a peevish temperament, which quarrels with Fortune instead of cheerfully accepting the gage she so often throws down as though to try the mettle of the man who dares to essay the struggle for fame or even competency. If those who get a fall would rise and search for the weak points in their natures and equipments for the battle of life, instead of piteously and fruitlessly bemoaning their reverses, or even seeking to escape the "ills that flesh is heir to" by some foul and cowardly artifice, the number of miserable and tottering folk in the world would be less, and the sum of social prosperity and personal happiness greater than they now are. The health-*cure* is first personal and then hereditary in its aim, aspects, and bearing. Medical men might think more than they do of this matter, and the lay public take it to heart as involving issues important to both the present and the future of a life which is too little studied, and therefore commonly misunderstood.

HARD TIMES AND HEART-DISEASE.—British Med. Journal: Dr. Britton, in his annual report on the sanitary condition of the combined Halifax districts, states that he has been struck by the number of deaths from heart-disease in his districts this year. He attributes this fact to the severe trade-depression which has been so heavily felt, and to the consequent anxiety of people to, in homely phraseology, make both ends meet.

THE FEAR OF FAT.—Lancet: No doubt it is unpleasant to be excessively obese; but the morbid dread of fat which has in recent years become fashionable has no foundation in physiological fact. Fat answers two purposes; it acts as a non-conducting envelope for the body and protects it from too rapid loss of heat, and it serves as a store of fuel. In the course of exhausting diseases it not unfrequently happens that the life of a patient may be prolonged until the reserve of fat is exhausted, and then he dies of inanition. Fats supply the material of the heating process upon which vitality mainly depends. In great excess it is inconvenient; but the external layings-on of fat is no certain measure of the internal development of adipose tissue. Much less does a tendency to grow fat imply or even suggest a tendency to what is known as "fatty degeneration." It is time to speak out on this point, as the most absurd notions seem to prevail. Again, it is *not* true that special forms of food determine fat. That is an old and exploded notion. Some organisms will make fat let them be fed upon the leanest and scantiest and least saccharine descriptions of food, while others will not be "fattened" let them feed on the most "fattening" of diets. The matter is one in regard to which it is supremely desirable and politic to be *natural*, adapting the food taken to the requirements of health rather than substance. Simple food, sufficient exercise, regular habits, with moderation in the use of stimulants, compose the maxim of a safe and healthy way of life.

JOURNALISTIC VAGARIES.—Med. Press and Circular: At the Clinical Society on Friday evening Dr. Buzzard gave an amusing account of the various ways in which the title of his paper had been announced. Only one paper (the Medical Press and Circular) had printed it correctly. According to one, the patient died from a *kick* in the duodenum; while another, more liberal, said Dr. Buzzard, boldly declared the cause of death to be a kick in the abdomen. The announcement should be "death from a *kink* in the duodenum."

DURING the year 1879, 10,281 horses, 529 asses, and 26 mules, giving 4,135,700 pounds of meat, were sold for consumption in Paris; and on the 1st of January last seventy-eight butchers' shops for the sale of that article of food were in full operation.—*British Med. Journal*.

LUMINOUS PAINT.—A luminous paint has been patented in England. The *Lancet* of March 20th thus reports a late lecture on the subject:

Most of our scientific knowledge in regard to phosphorescence is due to the younger Becquerel, whose researches on the subject extend over more than thirty years. The property is a very common one, although most substances emit light only for very short periods of time. It is possessed to a certain extent even by white paper, and by diamonds and rubies with great intensity, though little persistence. Almost all shades of color can be obtained from different preparations, but the rose-violet of Balmain's paint is superior, in brilliancy and duration combined, to all others.

The paint can be mixed either with water or oil. In the latter vehicle it resists the action of water and air in a remarkable manner, and can be applied to an almost indefinite number of purposes. Many of these applications were illustrated at the lecture, luminous sources being the electric light, the electric spark, the magnesium light, ordinary candle, and gas light, and above all common diffused daylight. Among the ornamental articles exhibited were decorative tiles and statuary, clocks, and india-rubber balls, the statuary being represented by a brilliantly luminous bust of the Prince Consort. In the more practical class were luminous panes adapted for use in gunpowder and spirit stores, lucifer match-boxes easily visible throughout the night, advertisements of lodgings, inscriptions for post-offices, and the like. The roofs of railway carriages have already been painted with the new material, and the light is said to be quite sufficient for tunnels, although of course it is not proposed that it shall replace lamps at night. The names of streets may also be advantageously inscribed in luminous paint, and endless other uses suggest themselves.

Most important of all, however, are the proposed uses of the new paint for marine purposes. For example, it is often extremely difficult, and yet absolutely necessary, upon dark nights to distinguish the buoys which mark the channels of harbors and rivers. If the buoys were coated with the luminous paint they would be visible throughout the whole or at any rate the greater part of the night. Again, a life-buoy is practically useless on a dark night. The unfortunate man overboard can not see it; and however good a swimmer he may be it is a mere chance if he reaches it or if a boat is able to pick him

up. But the life-buoy exhibited at the lecture would be at all times sufficiently luminous to be visible at short distances, and would guide not only the swimmer but the boat's crew. Lastly, a diver in full dress was exhibited, whose helmet and waterproof coat had been painted and illuminated. He looked like a ponderous and unwieldy ghost, and emitted an amount of light that would be quite sufficient to guide his operations at the bottom of the water. It was stated in fact that the same dress had been worn a day or two before at the bottom of Southampton Dock, and that the diver had been able to distinguish the bolt-heads on a ship's bottom with perfect ease.

SICK-ROOM COOKERY.—DEMONSTRATION TO STUDENTS.—*British Med. Journal*: On February 14th a practical demonstration in sick-room cookery was given, as in former years, in connection with Mr. Chiene's class of systematic surgery, at Minto House, when Miss Drummond, of the Edinburgh School of Cookery, demonstrated the preparation of beef tea, bread-crumbs pudding, arrowroot, gruel, custard, lemonade, and other articles of diet. The ingredients and their proportions, having been dictated, were mixed, cooked, and dished up before the audience, while each step in the various processes was explained with great clearness. A large number of students were present and exhibited much interest in the proceedings. The demonstration was repeated in the afternoon before the members of Dr. Angus Macdonald's, Dr. Wyllie's, and Dr. Croom's classes. It is hoped that a short course to medical students of half a dozen or more such demonstrations may be annually arranged, which may prove a valuable supplement to more strictly professional knowledge.

FOWL-CHOLERA.—M. Pasteur created a sensation at a recent meeting of the Paris Académie de Médecine (*British Med. Journal*) by a communication on fowl-cholera. This infectious malady, which sometimes decimates the poultry-yard, has its peculiar infective organism, its microbium, in the same way as carbon. This microbium, suspected by an Alsatian veterinary surgeon, M. Moritz, found and studied by a Turin brother of the craft, Signor Perroncito, and cultivated by M. Toussaint, Professor in the Faculty of Medicine at Toulouse, according to M. Pasteur's culture-method, is, in the opinion of both these experts, the true cause of the disease popularly known as fowl-cholera.

BERI-BERI IN CALCUTTA.—News from Calcutta of the 14th inst. (Lancet, March 20th) states the probable appearance of beri-beri in that city. The disease, although familiar enough in Madras and Ceylon, does not appear to have been observed in Calcutta before. The symptoms as described are swelling of limbs, fever, occasionally disturbance of the bowels, often burning and pain in the affected limbs, shortness of breathing, and great emaciation in fatal cases. Death is generally sudden. Showing itself first in the southern part of the city, the disease has gradually spread to the northern. Hitherto Europeans have escaped the malady, the natives, Circassians, and Armenians alone having suffered, and this notwithstanding that the disease chiefly prevails in the European quarter. Whole families have been seized, and its "localization" is said to be pronounced. The malady is reported to be dying out, but its reappearance in the rainy season is anticipated.

A CROSS-GRAINED Boston doctor claims that the Faculty of Harvard Medical College is composed of men who are either "effete reminiscences of other days, or the mere accidental appointees of a system of disgraceful wire-pulling."

Translations.

Saponine Coaltar in Uterine Therapeutics.—

This substance is becoming a favorite among some gynecologists for modifying promptly disease of the endometrium, and as well of the vaginal mucous membrane. It is besides this a reliable and agreeable disinfectant, and is especially applicable to cases of uterine cancer, etc. In *Le Progrès Médical* it is highly recommended.

Treatment of Prolapsus of the Rectum by

Ergotin.—Dr. Vidal read a paper to the Academy of Medicine in which he reports the efficacy of hypodermic injections of ergotin *in situ* for prolapsus of the rectum. He says that it has a remarkable curative power in such cases, the *rationale* of which is perfectly explained in the clinical and experimental observations of to-day.—*Le Progrès Médical*.

Fatty Matters in the Blood.—A curious fact is reported by Dr. Hayem. He states that in the blood of healthy persons no fat-globules can be found after milk diet; but in that of debilitated individuals, immediately after a milk diet, numerous globules are present, which disappear as health returns.—*Ibid*.

A Wire-gauze Supporter.—Dr. Harvey L. Byrd has suggested the addition of a wire-gauze posterior splint to Smith's anterior splint in the treatment of fractures of the lower extremities.

Selections.

Eruptions Caused by Quinine.—In the *Berlin Klinisch Wochenschrift* Prof. Kobner has published some remarks on these eruptions, which have often been described by other observers (Medical Press and Circular). A man suffering from bronchitis took sulphate of quinine. Two hours after he had a violent rigor, a feeling of suffocation, severe headache, nausea, and vomiting; two hours later another short rigor, followed by a burning sensation, at first in the head and then over the whole body. These phenomena commenced about eight o'clock in the evening. The next morning there was fever, an itching eruption over the whole body, difficulty of swallowing, and dryness of the throat. The eruption was of a deep red tint, disappearing momentarily on pressure. Face swollen, conjunctiva injected, nasal mucous membrane dry. On the thighs, on the extensor surface, a large number of papules the size of a pea; around these papules the skin was healthy. Pulse 108; temperature of the skin elevated; respiration calm; tongue slightly tremulous, moist; posterior wall of pharynx very red and injected; rest of the mouth apparently normal. Urine showed no important changes. The author first asked himself whether this was not a migratory erysipelas, then rejected this idea for that of scarlatina, which, however, was inadmissible for reasons which he gives. He therefore concluded he had to deal with an *erythema exsudationum universale ex usu quiniæ*. In a few days the rash became pale and disappeared, and there followed slight desquamation, especially on the head. Previously to this time the patient had had two similar attacks as the result of taking quinine; 1.275 grams during several days in the first case; 150 milligrams in two doses in the second. The eruption was considered by the physicians attending as scarlatina, and was each time followed by desquamation. Professor Kobner mentions the case of a physician at Breslau, who, having taken several doses of quinine, had an eruption on the face and scrotum, which he thought was erysipelas. Repeated attack convinced him that it was due to quinine.

The author then studies the differential diagnosis between scarlatina and quinine rash. He draws particular attention to the thermometer and the analysis of the urine solely with a view of determining the presence of quinine in that secretion. Among other remedies capable of causing cutaneous eruptions he mentions strychnia, chloral hydrate, digitalis, perhaps (Traube), belladonna, etc. The author explains the quinine rash by saying that it results from the irritant action of the quinine exercised through the medium of the blood and not by nervous influence. It is impossible to admit the latter, indeed, for agents like quinine, strychnia, chloral, and digitalis, whose effects on the nervous system are so different, could scarcely influence the vasomotor nervous system in one and the same fashion. We must evidently reckon quinine among those remedies which have the power of producing artificial dermatoses whether employed topically or internally.

A new Remedy for Epilepsy.—Dr. Shields, in the Southern Clinic, reports two severe epilepsies cured by white peony-root. He uses the remedy as follows: Root of the white peony, $\frac{3}{4}$ x; boiling water, cong. j; boil to two quarts and filter. Of this decoction give about one ounce three times a day.

A Case of Typhoid Fever Treated with Carbolic Acid Internally.—Mr. Henry Weekes writes in the *Lancet* the following: On January 24th I visited Ellen S., aged eighteen, living in a detached cottage in the country. She had taken to her bed two days before, having been previously ailing for a week. I found her in a very febrile condition, with highly flushed face, anxious expression, tongue furred, and bowels relaxed three or four times a day; very little headache. Pulse 108; temperature (11 A.M.) 102.5°; skin dry. With the usual instructions as to diet, etc., I prescribed acetate of liquor ammonia and compound tincture of camphor.

January 25th: No apparent change. Complained much of sleeplessness. Ordered compound ipecacuanha powder and mercury with chalk at bedtime.

26th: Some sleep. Tongue browner; diarrhea lessened; some spots on abdomen, but scarcely observable. Pulse 109; temperature (12 M.) 103°.

27th: Much flushed; tongue more glazed; pulse 108; temperature 103.5°. I prescribed glycerin of carbolic acid, six minims, every four hours.

28th: Face less flushed; tongue moister, but spots more distinctly colored; pulse 100; temperature 101°. Continued carbolic acid.

29th: Patient cheerful after a good night; diarrhea nearly ceased; tongue rapidly cleaning; spots less evident; pulse 89; temperature 99°. From this day she made a rapid recovery, sat up on February 1st, and was down stairs on the 4th.

Now the sudden subsidence of fever on the administration of carbolic acid may be merely a coincidence, and the same remark may be made regarding the supposed results of other medicines in solitary cases. But such remarkable coincidences are surely suggestive of more extended experiments. Until disproved it appears to me more probable than otherwise that one was the effect of the other. Our great authority, Sir W. Jenner, says (*Lancet*, Nov. 15, 1879): "I have never known a case of typhoid fever cut short by any remedial agent—that is, cured. The poison which produces any one of the acute specific diseases (to which order typhoid as much as smallpox belongs) having entered the system, all the stages of the disease must, as far as we know, be passed through before the recipient of the poison can be well." Yet I submit that this very disease (smallpox), here linked with typhoid fever, is undoubtedly modified and cut short in its course by introducing vaccine lymph into the system, even when vaccination has been performed so late as to run its course concurrently with the smallpox. Why then should we remain content with thinking that typhoid fever must continue to the end unchecked?

Ergotin in Prolapsed Anus.—Medical Press and Circular: At the Academy of Medicine last week, M. Vidal, of the St. Louis Hospital, read a paper on the Treatment of Prolapsus of the Rectum by the Hypodermic Injection of Ergotin. By this new procedure the author succeeded in curing three cases of prolapsus of the anus in adults. The solution that he used was composed of one gram of the extract of ergot dissolved in five grams of cherry laurel water; the amount injected at one time was fifteen to twenty drops. None of the injections were followed by inflammation or abscess. In one case where the prolapsus was of long standing, M. Vidal operated twenty-two times, leaving an interval of two days between each injection. After the twelfth injection the prolapsus was completely reduced.

The Use of the Audiphone in Deafness.—

The following is an easy mode of distinguishing those cases of deafness for which the audiphone is suitable (James Patterson Cassells, M.D., in *British Med. Journal*): Place a loudly-ticking watch on the upper middle incisor teeth, or on an upper eye-tooth, or between the edges of the upper and lower incisors. If its ticking be heard louder in either of these situations than when it is laid upon the temples or on the auricle, then the case is likely to benefit a good deal by the use of the audiphone. If the ticking of the watch be heard clearly and distinctly, and only through the teeth, then the case will get very great benefit by the use of that instrument. In cases in which the watch-tick is not heard in either of the above-named situations, no benefit results; not any, indeed, need be expected. The statement by the inventor that the use of the audiphone improves the natural hearing must be a mistake; it does not improve it.

The Hymen.—Dr. Budin (*Annales de Gynecol.*)

has made several dissections of the vagina and vulva in virgins and finds that the hymen is constituted by the anterior extremity of the vaginal canal. The vagina may be regarded as the finger of a glove presenting at its anterior extremity a circular orifice. This circular perforated extremity of the finger of the glove comes forward and insinuates itself between the labia minora, where it juts out and forms what is called the hymen. The dissection showing this has been repeatedly made by Dr. Budin and always with the same result. When the dissection is carried out completely he is able to remove the uterus and the whole of the vagina; and with the removal of the vagina, which is easily separated from the surrounding structures, the hymen is found to have completely disappeared.

Nephrotomy.—British Med. Journal:

This operation was performed at Guy's Hospital, by Mr. Clement Lucas, on February 17th, upon a man aged thirty-six, who was suffering from a suppurating kidney that had discharged through the loin for six years. The lumbar incision was adopted, and antiseptic precautions were employed. A week after the operation the patient was doing well and considered almost free from danger.

French Views of Syphilis.—L'Année Médicale

has in its last issues some excellent lectures on syphilis by Dr. Deuir-Dumont. In concluding he says: "These three conclusions contain the result of our study of syphilis: a unity of origin of all syphilitic maladies; the incurability of the disease, when the immense variety of its effects is considered; and as a logical consequence, an indefinite continuance of treatment, with occasional interruptions.—*St. Louis Med. and Surg. Journal*."

Syphilis in Russia.—Syphilis, says Podolinski,

is the principal scourge of the rural population of Russia. In some of the villages a third of the inhabitants are contaminated.

A case of intussusception treated by inflation with air, resulting in recovery, is reported by T. D. Ransford, F.R.C.S., Eng.

Mr. C. Heath, of London, reports two cases of popliteal aneurism cured by Esmarch's bandage.

On Tonga.—C. Bader, Ophthalmic Surgeon to Guy's Hospital, in the *Lancet*:

The results obtained from tonga by Drs. Ringer and Murrell (*Lancet*) fully coincide with mine. I have notes of cases of brain and kidney-disease in which tonga alone succeeded in removing pain. I shall, however, confine myself to reporting the effects upon the eye. Some months ago, when commencing experiments with tonga, I had the notion, the result of conversation with patients from the Fiji Islands, that the drug might have a specific effect upon nerves which are instrumental in pain.

Of the three preparations, tonga in a bag, the watery extract, and the alcoholic extract (prepared by Allen & Hanburys, 37 Lombard Street, E. C.), I found the alcoholic extract alone reliable. When dropped into a healthy eye it seemed to increase the power of accommodation, to approach the nearest point of distinct vision, without affecting the size of the pupil (though in some cases, taken in large doses internally, it caused great dilatation of both pupils). It acted beneficially in several cases of asthenopia. The sister in the eye wards gave it with great benefit to a man suffering from painful rheumatic iritis. Several patients with intolerance of light were rapidly relieved.

A most striking effect was obtained upon diminished tension of the eyeball. Two months ago a lady consulted me for intense pain in the right eyeball, with marked decrease of tension (T=2), intolerance of light, and watering, the pupil and cornea being clear, with some conjunctival redness. The intense pain had deprived her of sleep for several nights. Some of the alcoholic extract of tonga was dropped into the eye at 2, 5, 7, and 9 P.M. The following day all intolerance of light had ceased, and she had passed a good night, free from pain. She stated that the drops caused no pain, but a sense of warmth, and that the pain in the eye subsided gradually; their use was continued for several days. Remarkable was the rapidity with which the tension of the eyeball became normal and remained so.

All cases of neuralgia (supra and infra-orbital branches of the fifth nerve), with swelling of the temporal veins during the attack, were benefited. In these a teaspoonful of the extract in half a tumbler of water, and two or three more at an interval of half an hour until the pain subsided, were given.

Improved Dover's Powder.—Dr. Chisholm, of New Concord, writes us that he has found the substitution of the bromide of potash for the sulphate to increase markedly the efficiency of the familiar Dover's powder.—*Ohio Medical Recorder*.

A little bicarbonate of soda, added to the water in which the hands are washed after applying plaster-of-paris bandages, immediately removes the plaster.—*Western Lancet*.

Chloral in Puerperal Convulsions.—*Gazette Hebdom.*: At the Paris Hospital Medical Society M. Guyot stated that he had met with remarkable success in the use of chloral in the treatment of eclampsia. From 1st of January to 15th of July of last year he had met with fourteen cases in his lying-in ward, and of these thirteen recovered. The chloral had been administered as an enema, in doses varying from four to sixteen grams in the twenty-four hours. In cases in which congestion existed venesection was also practiced.

Nitro-glycerin.—Condensed from British Medical Journal:

Few drugs have come more rapidly into favor than nitro-glycerin. A year or two ago nothing seemed more unlikely than that it should be used in medicine; but it now bids fair to rank high as a curative agent. It was discovered in 1847 by M. Sobrero, and its chemical properties have been fully investigated by Railton, De Vrij, De la Rue, and Müller, Mills, Dupré, Martindale, and others. It is slightly soluble in water and freely in alcohol and ether, and it has recently been found by Mr. Martindale to dissolve readily in fats and oils. It is, although slightly volatile, inodorous and has a sweet pungent aromatic taste.

It has been found that the effects of nitrite of amyl and nitro-glycerin on the pulse are similar. Both produce a marked microtism and both accelerate the rapidity of the heart's action. They differ, however, in the time they respectively take to produce these effects. The full action of nitro-glycerin on the pulse is not observed until from two to six minutes after the dose has been taken; while in the case of nitrite of amyl the microtism appears in from fifteen to twenty seconds after an inhalation, but its effect is transitory, being maintained for only a very short time. The nitro-glycerin acts more slowly, but the pulse does not resume its normal character for nearly half an hour.

Dr. Murrell has shown from observations on a patient, the subject of epispadias, that nitro-glycerin is a powerful diuretic. On one occasion twenty minims of the one-per-cent solution increased the amount of urine secreted in half an hour from fourteen and a half drams to fifteen and a half ounces. This was the more remarkable as the patient was not at all susceptible to the action of the drug, and experienced none of the ordinary symptoms from the unusually large doses he had taken.

A typical case of true spasmodic stricture of the esophagus resembling organic stricture completely cured by the passage of a full-sized esophageal sound is reported by Dr. J. J. Henna, of New York.

Aspiration of the Bladder in Retention of Urine.—Dr. W. Macfie Campbell writes, in *British Med. Journal*: A case of stricture was admitted into hospital. There had been retention for some time, and no instrument could be passed. The aspirator was therefore used by the house-surgeon with immediate relief. Next day, as catheterism again failed, aspiration was employed again. When I saw him on the following day I managed to pass a filiform bougie upon which an urethrotome was led, and the stricture divided internally. His progress was good for a day or two, when some inflammation appeared at one of the aspirator punctures. An abscess formed, peritonitis came on, and the patient died. If aspiration has been performed, the bladder must be kept undistended, as the fatal result was evidently due to the distended bladder, after the first aspiration, forcing some urine into the tissues. Tapping the bladder per rectum is much safer and altogether more satisfactory.

Kangaroo Ligatures.—Mr. Girdlestone, of Australia, recommends carbolized kangaroo-tail tendons for ligating arteries. Would not bull's-tail tendons do as well?